

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

45th 10/29/16 70th 11/23/16

PRINTED: 09/12/2016
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445239	(X2) MULTIPLE CONSTRUCTION A) BUILDING 01 - MAIN BUILDING 01 B) WING _____	(X3) DATE SURVEY COMPLETED 09/13/2016
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NAME OF PROVIDER OR SUPPLIER

LIFE CARE CENTER OF MORGAN COUNTY

STREET ADDRESS, CITY, STATE, ZIP CODE

419 SOUTH KINGSTON STREET
WARTBURG, TN 37887

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
K 029 SS=D	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>One hour fire rated construction (with 0 hour fire-rated doors) or an approved automatic fire extinguishing system in accordance with 8.4.1 and/or 19.3.5.4 protects hazardous areas. When the approved automatic fire extinguishing system option is used, the areas are separated from other spaces by smoke resisting partitions and doors. Doors are self-closing and non-rated or field-applied protective plates that do not exceed 48 inches from the bottom of the door are permitted. 19.3.2.1</p> <p>This STANDARD is not met as evidenced by: Based on observation and interview, the facility failed to ensure fire rated construction is maintained. (NFPA 101, 8.2.3.2.4.2)</p> <p>The findings include:</p> <ol style="list-style-type: none"> 1. Observation and interview with the Maintenance Director, on 9/13/2016 at 10:10 AM confirmed unsealed penetrations in the kitchen ceiling above the Ansul system with conduit penetrating the fire-rated ceiling. 2. Observation and interview with the Maintenance Director, on 9/13/2016 at 10:12 AM confirmed unsealed conduit penetrations in the laundry ceiling above the dryers. These findings were verified by the Maintenance Supervisor and acknowledged by the Administrator during the exit conference on 9/13/2016. 	K 029	<ol style="list-style-type: none"> 1. <u>What corrective actions will be accomplished for those residents found to have been effected by the deficient practice?</u> The facility has corrected the wall penetrations in the kitchen ceiling and the laundry ceiling with system no. W-L-1410. All areas that is found to have wall penetration in the future will use this product. This was completed on 9/30/16. 2. <u>How will you identify other residents having the potential to be effected by the same deficient practice and what corrective action will be taken?</u> The maintenance director will examine construction of the building on a monthly bases to assure all pipes are properly maintained with Sealant. 3. <u>What measures will be put in place or what systematic changes you will make to ensure that the deficient practice does not recur?</u> 	9/30/16

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

ES [Signature]

Ey [Signature]

9/29/16

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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K 029
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NFPA 101 LIFE SAFETY CODE STANDARD

One hour fire rated construction (with 0 hour fire-rated doors) or an approved automatic fire extinguishing system in accordance with 8.4.1 and/or 19.3.5.4 protects hazardous areas. When the approved automatic fire extinguishing system option is used, the areas are separated from other spaces by smoke resisting partitions and doors. Doors are self-closing and non-rated or field-applied protective plates that do not exceed 48 inches from the bottom of the door are permitted. 19.3.2.1

This STANDARD is not met as evidenced by:
Based on observation and interview, the facility failed to ensure fire rated construction is maintained (NFPA 101, 8.2.3.2.4.2).

The findings include:

1. Observation and interview with the Maintenance Director, on 9/13/2016 at 10:10 AM confirmed unsealed penetrations in the kitchen ceiling above the Ansul system with conduit penetrating the fire-rated ceiling.

2. Observation and interview with the Maintenance Director, on 9/13/2016 at 10:12 AM confirmed unsealed conduit penetrations in the laundry ceiling above the dryers. These findings were verified by the Maintenance Supervisor and acknowledged by the Administrator during the exit conference on 9/13/2016.

K 029

The Maintenance department makes rounds monthly to assure the building is meeting the NFPA 101 Life Safety Code Standard that has been set forth. Any new wiring or pipes being placed with wall penetration will be sealed with the HILTI product.

4. How will the corrective action be monitored to ensure the

deficient practice will not recur?

The Maintenance Director will report findings of the monthly audit to the PI committee. The committee consist of Executive Director, Director of Nursing, and Assistant Director of Nursing, Medical Director, Director of Rehabilitation, Director of Health Information Management, Registered Dietitian, Director of Maintenance, Director of Environmental Services, Director of Social Services, Business Office Manager, Activities Director, and Staff Development Director.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

[Signature]

[Signature]

9/29/16

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